

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6442
Registrar's No. 863

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 863		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249		
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital		d. STREET ADDRESS (If rural, give location) 3841 Michigan Ave.				
3. NAME OF DECEASED (Type or Print)		a. (First) Rose	b. (Middle) G.	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) 1-26-51	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 12-15, 1896	9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Miller		13b. MOTHER'S MAIDEN NAME Josephine Issing		
14. NAME OF HUSBAND OR WIFE Edwin Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Edwin Miller		17. ADDRESS 3841 Michigan				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Hypertrophy</i> ANTECEDENT CAUSES <i>Anesthesia, while undergoing</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rectal operation at Luthern Hospital on Jan 26 1951</i> DUE TO (c) <i>about 11:25 am</i>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 573.0		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:42 A. M., from the causes and on the date stated above.						
23a. SIGNATURE <i>Walter P. Hunter</i>		(Degree or title)		23b. ADDRESS 1300 Clark		
23c. DATE SIGNED 1/27/51		23d. BIRTHPLACE (State or foreign country)		23e. CITIZEN OF WHAT COUNTRY? USA		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-29-51		24c. NAME OF CEMETERY OR CREMATORY Resurrection		
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.		25. ADDRESS 7420 Michigan		
DATE REC'D BY LOCAL REG. JAN 28 1951		REGISTRAR'S SIGNATURE <i>Walter P. Hunter</i>		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.		
25. ADDRESS 7420 Michigan		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed *W E Morris*

Signed.....
Student Embalmer

Licensed Embalmer No. *3360*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.